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Effective on 12/00/2004.						
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)		Application Number 10/784,950				
FEE TRANSMITTAL		Filing Date February 25, 2		004		
F	or FY 2005	First Named Inventor	DAISAKU KAN	IIYA ET AL.		
Applicant claims	small entity status. See 37 C.F.R. 1.27	Examiner Name	Patrick H. Mac	key		
TOTAL AMOUNT OF	DAVAGENT (C) 600 00	Art Unit	2651			
TOTAL AMOUNT OF PAYMENT (\$) 600.00 Attorney Docket No. 02910.000122						
METHOD OF PAYMENT (check all that apply)						
X Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Credit any overpayments						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION	511 (11) 10-2000.					
1. BASIC FILING, SE	ARCH, AND EXAMINATION FEES					
	FILING FEES SEA		AMINATION FEE	S .		
Application Type	Small Entity Fee (\$) Fee (\$) Fee (\$	Small Entity Fee(\$) Fee	Small Entity (\$) Fee(\$)	Fees Paid (\$)		
Utility	300 150 500					
Design	200 100 100					
Plant Reissue	200 100 300 300 150 500					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) Fee(\$) 25 20 100 360 180						
Total Claims	Extra Claims Fee (\$) Fee Pa	nid (\$) Multij	ole Dependent Cla	<u>ims</u>		
10 20 or HP =0 x0 =0 Fee(\$)						
HP = highest number	r of total claims paid for, if greater than 20	_	0	0		
Indep. Claims	Extra Claims Fee(\$)	Fee Paid (\$)		· · · · ·		
7 - 3 or HP = 3 x 200.00 = 600.00 HP = highest number of independent claims paid for, if greater than 3						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 = / 50 = (round up to a whole number) x =						
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other:						
SUBMITTED BY						
Signature	(Wh)	Registration No. (Attorney/Agent)	30,110	Telephone 202-530-1010		
Name (Print/Type)	Lawrence A. Stahl			Date: August 15, 2005		



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Patrick H. Mackey
DAISAKU KAMIYA ET AL.)	·
	•	Group Art Unit: 3651
Application No.: 10/784,950)	•
	:	Confirmation No.: 8479
Filed: February 25, 2004)	
•	:	
For: SHEET STACKING/ALIGNING)	August 15, 2005
APPARATUS, SHEET HANDLING	:	ý
APPARATUS, AND IMAGE FORMING)	
APPARATUS	:	

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AMENDMENT

Sir:

In response to the Office Action mailed July 19, 2005, Applicants submit the following amendments and remarks.